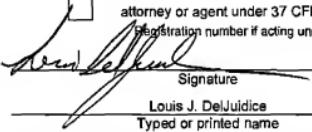


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		20050/0200473-US0
Application Number	10/705,673-Conf. #4666	Filed November 10, 2003
For INTERLABIAL PAD INDIVIDUAL PACKAGING VESSEL		
Art Unit	3761	Examiner K. M. Reichle
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,522</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <small>Registration number if acting under 37 CFR 1.34</small> _____.		
 Signature <u>Louis J. DeJuidice</u> Typed or printed name		<u>November 13, 2006</u> Date <u>(212) 527-7791</u> Telephone Number
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		